

RECEIVED  
CENTRAL FAX CENTER

NOV 16 2006

SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH  
PATENT, TRADEMARK & COPYRIGHT ATTORNEYS

P.O. Box 2938

Minneapolis, MN 55402

Telephone (612) 373-6900

Facsimile (612) 339-3061

November 6, 2006

TO: Commissioner for Patents  
Attn: Loren C. Edwards  
Patent Examining Corps  
Facsimile Center  
P.O. Box 1450  
Alexandria, VA 22313-1450

FROM: Peter C. MakiOUR REF: 1094.205US1TELEPHONE: 571-272-2765FAX NUMBER (571) 273-8300

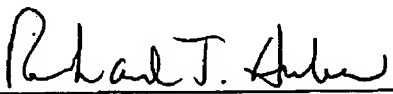
\* Please deliver to Examiner Loren C. Edwards in Art Unit 3748. \*

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (2 pages).Total pages of this transmission, including cover letter: 2 pgs.

If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Deborah A. Klinkert et al.Examiner: Loren C. EdwardsSerial No.: 10/765,708Group Art Unit: 3748Filed: January 27, 2004Docket No.: 1094.205US1Title: EXHAUST ASSEMBLY

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

  
Richard J. Huber11/16/06  
Date of Transmission

NOV 16 2006

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/765,708
Filing Date	Jan 27, 2004
First Named Inventor	Deborah A. Klinkert
Art Unit	3748
Examiner Name	Loren C. Edwards
Attorney Docket Number	1094.205US1

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

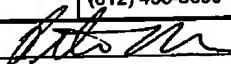
**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The practitioner is discharged by the  
client – CFR 10.40 (b)(4)**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Hamre, Schumann, Mueller & Larson, P.C.		
Address	225 South Sixth Street Suites 2650		
City	Minneapolis	State	MN
Country	USA		
Telephone	(612) 455-3800	Email	mschumann@hsmi.com
Signature			
Name	Peter C. Maki	Registration No.	42,832
Date	11.1.06	Telephone No.	(612) 373-8900

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.